NHS
Blood and Transplant

NHSBT Business Plan 2026/27

Caring Expert Quality

NHSBT Business Plan 2026/27
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01 Introduction: About NHS Blood and Transplant

NHS Blood and Transplant (NHSBT) is a unique national organisation at the heart of the UK's healthcare system, providing critical infrastructure that connects the generosity of donors with the needs of patients.

Established in 2005 through the integration of the National Blood Service and UK Transplant, NHSBT collects, manufactures and supplies blood, organs, tissues and stem cells to the healthcare system, alongside a range of specialist diagnostic and therapeutic services. With around 7,000 staff and annual revenue exceeding £720 million, we combine frontline donor and patient care with advanced manufacturing, logistics and scientific capability to deliver life-saving products.

We play a vital system leadership role in ensuring these essential biological products are available safely, reliably and efficiently. None of this would be possible without the generosity of donors and their families. Building and sustaining donation depends on strong relationships with those we serve, and we are committed to working more closely with people across the country to earn trust, broaden participation and address inequalities in access to treatment.

Our 2026-27 Business Plan is aligned to the 10-year health plan for England, supporting improved access, outcomes and system resilience. NHSBT contributes by ensuring a secure supply of life-saving products and strengthening preparedness for disruption.

Our priorities for the year ahead are:

1. **Strengthening supply resilience and preparedness**, improving donor recruitment and retention, making it easier to book appointments and increasing automation across manufacturing and testing to ensure reliable supply.

2. **Reducing the transplant waiting list** by increasing donation, improving consent and making best use of every donated organ through advances in preservation and perfusion technologies.

3. **Mobilising and partnering with diverse communities across society to grow donation,** strengthening engagement in blood, organ, stem cell and plasma donation and improving equity of access.

4. **Driving innovation to expand NHSBT's contribution to the health system,** including strengthening UK self-sufficiency in plasma-derived medicines, advancing cell and gene therapies and supporting national preparedness.

We will deliver these priorities while improving productivity and efficiency, addressing duplication where it exists and ensuring value for the NHS. At the same time, we will continue to strengthen leadership capability across the organisation so that NHSBT can deliver effectively for patients and donors in the years ahead

We are guided by our values:

- *We **care** about our donors, their families, the patients we serve, and our people*
- *We are **expert** at meeting the needs of those who use our service and those who operate it*
- *We provide **quality** products, services and experiences for donors, patients and colleagues*

01 Introduction: The NHSBT strategy sets out our vision and strategic priorities for the future

NHS Blood and Transplant

Our ambition is to save and improve even more lives

To deliver this we will:

Grow and diversify our donor base
to meet clinical demand and reduce health inequalities

Modernise our operations
to improve safety, resilience and efficiency

Invest in people and culture
to ensure a high performing, inclusive organisation

Drive innovation
to improve patient outcomes

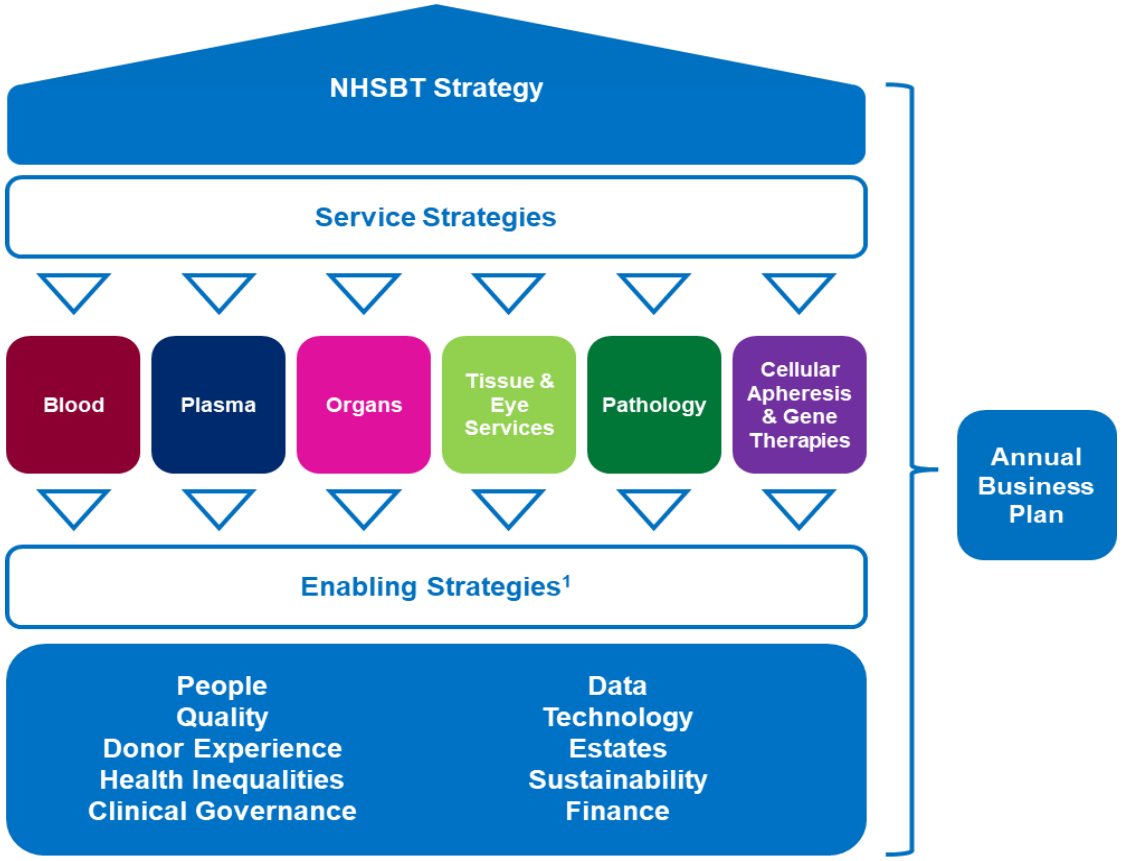
Collaborate with partners
to develop and scale new services for the NHS

Our vision: a world where every patient receives the donation they need

Read more about our strategy here.

01 Introduction: The NHSBT Business Plan describes our targets and activities under each of the five strategic priorities of the overarching NHSBT strategy

NHS Blood and Transplant



Our annual business plan sets out what we will do to make progress against our strategic priorities, how we will organise ourselves, including how we make best use of public sector resources and ensure NHSBT is a great place to work, on our journey to deliver our strategic ambitions.

The annual business plan presents activity against each strategic priority, with targets for the year ahead as well as a four-to-five-year horizon.

Each strategic priority section describes:

- What success looks like
- How we'll measure success
- What specific targets we'll work towards
- The most important things we'll do to get there

02 Grow and diversify our donor base to meet clinical demand and reduce health inequalities

NHS Blood and Transplant

We will know we have succeeded when	*How we will measure success*	*Targets/Milestones in 2026/27*	*Target in 4-5 years[1]*	*How we will deliver this in 2026/27*
We have reduced the supply-demand gap for all products and services	Supply-demand gap[2]	• Blood: 1.43m units collected • Blood: 55k Ro units collected (53% of demand) • Blood: 47% Ro Supply demand gap[3] • Plasma: 280,000 litres Plasma collected[4] • Organs: 4,910 living & deceased transplants • Corneas: 5,678 issued	• Blood: 1.42m units collected (28/29) • Blood: Ro collection meets demand (28/29) • Blood: 0% Ro Supply demand gap[3] (28/29) • Plasma: 363,000 litres Plasma collected[4] (29/30) • Organs: 5,110 living & deceased transplants • Corneas: 7,051 issued	➢ Design a collection footprint blueprint that meets current and future demand of hospitals and donors (Futureproofing Blood) ➢ Build an integrated programme of work to close the Ro supply demand gap (Ro Task Force) ➢ Increase ocular donation by implementing iORbiT recommendations ➢ Delivery of Organ Donation Joint Working Group (ODJWG) recommendations to increase levels of organ donation.
We have reduced the disparity in supply for patients of different ethnicities	Supply-population gap by ethnicity	• 26% minority ethnic[5] representation among organ transplant recipients • Screen 25k blood donors for extended types and additional antigens • Complete retest of 23-25k STRIDES[7] donors to enable clinical use (11-13k in 26/27)	• % minority ethnic[5] representation among organ transplant recipients to match ethnic profile of transplant waiting list[6] • Screen 75k blood donors for extended types and additional antigens (27/28)	➢ Maximise the effectiveness of the UK Living Kidney Sharing Scheme (UKLSS) to benefit long-waiting patients. ➢ Genomics Programme: Establish process to generate blood groups/HLA types from NHSBT OFH[8] participants; Progress recontact research project to invite non NHSBT OFH[8] participants with valuable types to become blood donors
We have reduced cancellations and provided more opportunities to welcome new donors	Number of donor appointment cancellations	• No more than 4.5% of booked appointments cancelled at short notice[9] by NHSBT	• No more than 3% of booked appointments cancelled at short notice[9] by NHSBT(28/29)	➢ Delivery of key milestones of Donor and Session Platform (DaSP) programme to enhance donor experience and make efficiencies throughout the Blood supply chain
We have increased loyalty and advocacy	Donor satisfaction	• Net Promoter Score[10] (NPS): 87	• Net Promoter Score[10] (NPS): 90 (28/29)	➢ Implementation of refreshed donor retention & loyalty proposition.
We have reduced disparity in consent rates between different ethnicities	Organ consent rate	• 60% overall organ donation consent rate • 32% minority ethnic[5] organ donation consent rate	• 62% overall organ donation consent rate • 34% minority ethnic[5] organ donation consent rate	➢ Improve Clinical Practice and Consent rates: Implementation of 10-point plan arising from the joint NHSBT/NBTA[11] conference incl. new messaging for minority ethnic communities and faith groups.
Our active blood, platelets and plasma donor base is larger, more diverse and reflect demand	Volume and mix of active donors	• Blood product donor base: 805k-825k[12] • O Negative donor base: 111.6k • Ro donor base: 29.4k[13] • B Negative donor base: 20.6k • Platelet donor base: 14.7k • Plasma donor base: 12.5k[14]	• Blood product donor base: 870-890k[12] (29/30) • O Negative donor base: 123.6k (29/30) • Ro donor base: 34.4k[13] (29/30) • B Negative donor base: 23.1k (29/30) • Platelet donor base: 16k (29/30) • Plasma donor base: 37k[14] (29/30)	➢ Delivery of Donor Base Resilience programme focussing on growing O neg, B neg and Ro Donor Bases ➢ Maximise capacity utilisation of existing Plasma donation centres ➢ Increasing source Plasma collection through new donor centre(s) (Source Plasma Strategic Footprint programme)
Organ and stem cell donor registries are larger and reflect the UK's diverse population	Volume and mix of registered donors	• Opt-In ODR[15] UK:+850k new registrations • Registered stem cell Fit Panel[16] at 158k (+30k new donors less attrition15k)[17] • 6k/20% of new stem cell registrations are from minority ethnic[5] donors	• New opt in registrations on ODR[15] of 1.5m pa • A refreshed CAGT[18] strategy is needed in 2026 to establish future targets (27/28 onwards)	➢ Develop & implement an overarching, integrated marketing & engagement strategy for deceased, living and cornea donors. ➢ Continue integration of stem cell donor recruitment into multi-product promotion; using Marketing Automation to improve donor retention[19]

02 Modernise our operations to improve safety, resilience and efficiency

NHS Blood and Transplant

We will know we have succeeded when	*How we will measure success*	*Targets/Milestones in 2026/27*	*Target in 4-5 years[1]*	*How we will deliver this in 2026/27*
We have reduced harm to donors, patients and staff and improved regulatory compliance	Patient Safety Incident Investigations (PSII) Significant internal and external regulatory non-compliance	• Zero significant non-compliance in external regulatory inspection[2] • Zero overdue internal majors[2] • Data archiving & storage project outline business case developed and approved in 2026/27	• Zero significant non-compliance in external regulatory inspection[2] • Zero overdue internal majors[2] • Clear understanding of NHSBT records, classification & application of retention policies	➢ Implement Infected Blood Inquiry (IBI) recommendations. ➢ Co-produce the Patient & Public Involvement Strategy, including governance, advisory group, and engagement architecture. ➢ Revise and consolidate Quality Incident Management process. ➢ Corporate governance: Streamlining policies and processes for effectiveness and retention of corporate memory ➢ Data archiving and storage project: review of how we organise, store, manage and retire our data, records and communications
Services are not interrupted by failures in our supply chains, estates and technology	Service delivery Stock Stability System availability	• Blood: OTIF[3] (inc. Ro) 96.4% • Blood stock stability 5.5-8.0 days • 99.95% system availability for Critical Infrastructure (CI) • Achieve 'Standards Met' status against the new NHS DSPT[5] Cyber Assessment Framework (CAF) • SCORE[7] Programme Milestone: Introduce planned arrival window of NORS[8] team.	• Blood: OTIF[3] (inc./Ro) 97.7% • Blood stock stability 5.5-8.0 days • 99.95% availability for Critical Infrastructure (CI) • Full alignment with the NHS Cyber Strategy resilience targets no later than 2030.	➢ Futureproofing Blood - Platelet Supply Resilience; Build an integrated programme of work to close Ro supply demand gap (Ro Taskforce) ➢ Security & stabilisation of IT: Hematos to OCI[4] migration, Cyber 2 & Blood Technology Modernisation including Pulse migration to cloud ➢ Deliver digitisation/automation programmes/projects for Clinical Services: Therapeutic Apheresis Service Digitally Managed Services (TAS DMS) and Automated Results Transfer (ART) programme. ➢ Implement governance and technical controls to align with NHS CAF[6] outcome indicators through the Cyber Improvement Programme. ➢ Introduce planned arrival window (PAW): implementing optimal time of arrival of NORS[8] teams at donor hospitals to conduct retrieval. ➢ Estates Strategy: prioritised investment and implementation proposal ➢ Continuous improvement in ensuring operational resilience via Business Continuity Operational Group and Risk Leads Forum
We benchmark well against our international peers	Benchmarking	• EBA[9] top quartile performance in Blood Manufacturing, & Testing productivity • EBA[9] third quartile performance in Blood Collection productivity	• EBA[9] top quartile performance in Blood Manufacturing, Testing and Collection productivity	➢ Completion of Donor & Session Platform (DaSP) OBC[10]. Programme mobilisation to deliver benefits in blood collection process. ➢ Delivery of transformation programmes which drive efficiencies across the Blood/Plasma supply chain: LIMS[11] solution for MSL[12], Supply Chain software, Manufacturing Modernisation, Donor & Session Platform, Testing & Development programme
We have freed up funds to invest in transformation and/or pricing	Cost/Efficiency savings	• £25m cost/efficiency savings • 2% savings vs Commercial pipeline (against GCF[13] savings methodology).	• Cost/efficiency savings - minimum 2% of expenditure • 2% savings vs Commercial pipeline (27/28) (against GCF[13] savings methodology).	➢ Delivery of 2026/27 cost improvement plan. ➢ Early Commercial engagement in sourcing & procurement projects ➢ Create an Artificial Intelligence (AI) and Automation team to develop innovative solutions and embed AI capability across NHSBT
We are on track to reach Net Zero by 2040	Reduction in CO_2 emissions vs 2020/21 baseline (kt)	• Reduction in Scope 1&2[14] CO_2 emissions to 10.0kt.	• 70% reduction in Scope 1&2[14] CO_2 emissions vs 2020/21 baseline (2029/30)	➢ Align Estates & Sustainability strategies with Net Zero 2040 goal. ➢ Deliver infrastructure upgrades to enable net zero e.g. the electrification of fleet and associated carbon reduction.

02 Invest in our people and culture to ensure a high performing, inclusive organisation

NHS Blood and Transplant

We will know we have succeeded when	*How we will measure success*	*Targets/Milestones in 2026/27*	*Target in 4-5 years[1]*	*How we will deliver this in 2026/27*
Our workforce feels motivated, valued and engaged	Engagement, Training and PDPR Compliance	• Improve on 65% Core Engagement annually • 95% compliance for mandatory training (MT) • 95% compliance for personal development & performance review (PDPR)	• 70-75% Core Engagement • Maintain 95% MT/PDPR compliance	➢ Baseline Core engagement in 2026 to set longer term target ➢ Set up a programme to define and establish a high-performance culture across NHSBT ➢ Improve our ways of working to deliver more effective and efficient People services
Delivery is not constrained by a lack of skills or capacity	Recruitment Metrics Staff attrition Manager development uptake and confidence Succession pipeline	• 88% vacancy fill rate • 11 weeks' time to offer of employment • 12% employee turnover • 70% of managers' report increased confidence in performing their current role following formal development activity[2]	• 90% vacancy fill rate • 10 weeks' time to offer of employment • 11% employee turnover • 80% managers reporting increased confidence following formal development activity[2]	➢ Develop a new People Strategy to deliver NHSBT's wider Strategic Priorities and future Operating Model ➢ Set up a programme to improve our change capability and culture ➢ Set up a programme to develop a Strategic Workforce Planning Capability, to ensure we have the skills, capacity and flexibility to deliver our future products and services
We have improved health, safety and wellbeing	Health & Safety Performance Sickness absence	• 6.7 harm incidences rate NHSBT • 15.8 near miss incidences rate NHSBT • 5% sickness absence rate • 5% increased satisfaction reported in annual staff survey with disability workplace adjustments	• Longer-term harm incident / near miss rates to be set through Health, Safety & Wellbeing Plan in 26/27 • 4% sickness absence rate • 77% employee satisfaction with disability workplace adjustments	➢ Develop new Health, Safety & Wellbeing Plan aligned to our People Strategy ➢ Deliver recommendations from Workplace Adjustment Review ➢ Deliver recommendations from Long Term Sickness Absence Review

There is no difference in relative grievances and engagement for colleagues across any of the protected characteristics or salary bands	Informal resolution
	EDI[3] and Equality Standard action plan delivery
	Harassment, bullying, abuse, discrimination reporting
		• Reduction in the number of reported cases of harassment, bullying, abuse or discrimination (HBAD) of staff from baseline of 12.1% (2025 data)
		• Reduction in the number of reported cases of harassment, bullying, abuse or discrimination (HBAD) of LGBT[4] and disabled colleagues, from baselines of 14.7% and 21.4% (2024 Our Voice scores).
		• >1% point improvement in disparity for every protected characteristic group as compared to the organisational average measured on an annual basis as part of the staff survey
			• No disparity in incidence of bullying discrimination, harassment of staff with different protected characteristics	➢ Deliver People Transformation Portfolio [funding dependent]:
				  ➢ First year implementation of upgraded HR platform: interoperability and automation of people processes
				  ➢ Second year implementation of recommendations from Inclusive Recruitment Review
				  ➢ Deliver Employee Relations Casework recommendations
				  ➢ Deliver Job Architecture Framework and Expand Professions Network
				  ➢ Launch new inclusion insights dashboard & governance process to provide a broader set of metrics we can track against to monitor trends & inform action
				➢ Apply new People Policy standard to priority policies following diagnostic review

At all levels, our workforce reflects the diversity of the population	Minority ethnic representation Recruitment & Pay Disparity	• 16% minority ethnic[5] representation at bands 8a–8c • Reduce disparity in recruitment likelihood of minority ethnic[5] candidates from baseline of 2.23 (2024/25)	• No difference in minority ethnic[5] representation at bands 8a-8c versus representation in UK population[6] • End disparities in pay and recruitment likelihood for all protected characteristics	

02 Drive innovation to improve patient outcomes

NHS Blood and Transplant

We will know we have succeeded when	*How we will measure success*	*Targets/Milestones in 2026/27*	*Target in 4-5 years[1]*	*How we will deliver this in 2026/27*
We have the datasets to know our innovations have improved patient outcomes	New datasets to measure outcomes e.g. trauma, graft, alloimmunisation (patient benefit)	• Establish strategic position for datasets and their application e.g. Health inequality data and Patient outcomes data • Establish and develop dataset of patient follow up data post treatment with Serum Eye Drops • Kidney Milestone: Deliver updates for adult kidney recipient package. • Liver Milestone: Deliver living donor liver package. • Data Intelligence Programme Phase 3 has identified and is working on additional datasets	• Key datasets and outcome tracking established for priority patient groups • Improved analytical model that delivers consistent, reliable insights on both opportunities to improve and improved patient outcomes. • Increased reliability of intelligence outputs enables NDP[2] to be part of business-critical infrastructure delivering data flows to optimise patient outcomes	➢ Complete final year of a 3-year project re stem cell transplant health inequality data ➢ Launch pilot of portal to receive patient follow up data following treatment with Serum Eyedrops.(dependent on digital capacity) ➢ Embed Enhanced Recovery After Surgery (ERAS) in Transplantation for adult KIDNEY and LIVER recipients and living donors ➢ Data Intelligence Programme Phase 3: Secure funding & optimise resourcing ➢ Approval of NHSBT corporate data strategy
More of our donors and patients are genotyped	Numbers of donors genotyped (capacity & infrastructure)	• Continue genotyping of all consented UK sickle cell and thalassaemia patients	• Future targets to be developed by 2027/28	➢ Complete genotyping & reporting of all consented sickle cell and thalassemia patients ➢ Progress the national roll out of HLA[3] selected red cells to 12 additional sites. ➢ Continue recruitment of blood donors as Our Future Health participants ➢ Complete proof of concept of the algorithm to improve matching (HaemMatch R&D)[4] ➢ Develop recommendations on NHSBT donor typing; agree implementation approach ➢ Implement the digital storage solution; setup the analytical pipeline for donor typing
We have improved organ utilisation	Number of deceased donor transplants Number of organ transplants per deceased donor	• 3,805 deceased donor transplants • 2.62 organ transplants per deceased donor	• 3,965 deceased donor transplants • 2.64 organ transplants/deceased donor	➢ ARCS[5] Lung, Liver, Kidney pilots 'go live' Commercialisation Workstream report and recommendations. ARC[5] related research ➢ Establish ANRP[6] as part of the NORS[7] Retrieval Service. ➢ Stabilise current configuration of DCD[8] Hearts. Develop business case for additional team and establish as part of commissioned service ➢ Development of Liver Transplant Collaboratives to increase liver utilisation through increased inter- unit collaboration
We have introduced new blood components and tissue products	New components transfused No. products introduced to market	• Successful delivery of project milestones: ✓ Universal plasma and platelets ✓ Spray-dried plasma • TES[9] – develop three new tissue products • Prepare for additional fractions produced from UK plasma (2026-27), dependent on MHRA[10] timescales	• Begin a clinical trial of universal plasma and platelets • Whole blood use in Trauma pending outcome of clinical trial (SWIFT) • Viable spray-dried plasma product • TES[9] product development – two new products per annum • Introduction of new fractions produced from UK Plasma	➢ Prepare for implementation of new products & services incl. nDEHP[11] blood bags, HLA[3] matched components, platelets in PAS[12] Neonatal washed red cell trial, component to support whole blood use in trauma (SWIFT) ➢ Universal plasma and platelets: submit funding bid to BARDA[13]; work with supplier to lockdown the device subject to pre-clinical testing ➢ Spray-dried plasma (MoD[14] funded): secure amendment to Cambridge MHRA[9] BEL[15] commercial partner to submit device for CE[16] marking; procure second dryer/sealer ➢ MRC[17]/MoD[14] Centre of Research Excellence funding bid re. complex health challenges, including novel blood products use in emergency/non-emergency healthcare settings ➢ Collaborate to extend the current BTRU's[18]; implement improved IP[19] governance ➢ Plasma Strategic Growth: feasibility and options analysis. Collaboration of NHSBT, DHSC[20], NHSE[21] and plasma fractionator. Planning towards operational production. ➢ TES[9] Product Development: Rectus Fascia; Irradiated Amnion; Freeze-dried Amnion

02 Collaborate with partners to develop and scale new services for the NHS

NHS Blood and Transplant

We will know we have succeeded when	*How we will measure success*	*Targets/Milestones in 2026/27*	*Target in 4-5 years[1]*	*How we will deliver this in 2026/27*
Establish and build self-sufficiency in Immunoglobulins (IgG)	Volumes Shipped for Fractionation Self Sufficiency	• 328,000 litres of Plasma for Medicine (PfM) shipped for fractionation	• Maintain 25% self-sufficiency in Immunoglobulins (IgG) against 2023/24 baseline • Maintain 80% self-sufficiency in Albumin against 2023/24 baseline	➢ Plasma Strategic Growth: feasibility & options analysis for increasing self-sufficiency in immunoglobulin beyond 2030. ➢ Deliver Newcastle Freezing Hub & Permanent Freezer Solution ➢ Source Plasma Strategic Footprint Programme
We have reduced the supply-demand gap in key parts of the cellular therapy supply chain	CBC[2]/ATU[3] Income growth TAS[4] Activity levels	• £5.5m CBC[2] income • £2.1m ATU[3] income • 14.4k TAS[4] procedures	• A refreshed CAGT[5] strategy is needed in 2026 to establish future targets (27/28 onwards)	➢ Secure approval of a Business Case that builds on the external review of commercial opportunities in CAGT[5], to implement a new operating model to enable growth in Clinical Biotechnology Centre (CBC) sales income and expand cell therapy products provision for existing and new partners ➢ Review Therapeutic Apheresis plasma exchange model used in SW England and consider scope for commissioning in other areas; create targeted marketing plan for the Plasma exchange offer for specific specialities ➢ Continue to collaborate with UK Forum for Haemoglobinopathy Disorders, Haemoglobinopathy Coordinating Centres and Trusts to meet demand for automated red cell exchange
We have increased the national self-sufficiency of stem cells and tissues	% domestic stem cells transplanted Tissues Income Growth % demand met by domestic tissue	• 7% of total UK supply by NHSBT provided stem cell donors • £30m TES[6] Total income	• A refreshed CAGT[5] strategy is needed in 2026 to establish future targets (27/28 onwards) • £35m TES[6] Total income	➢ Work with UK Aligned Registries to increase stem cell collection capacity via increased donor medicals carried out by Advanced Clinical Practitioners ➢ Work with NHSE[7] to proactively bring down the waiting list of corneas ➢ Increase Corneas issued from 4,458 in 2025/26 to 5,678 in 2026/27 (+1,220 issued corneas).
We have improved system-wide infrastructure, education and training across transfusion and transplantation	% total samples that hospitals order/refer electronically NICE[8] Transfusion Standard Adherence[9] Transfusion Education and Training Transplantation Education & Training	• 8.5%-10% ordered/referred electronically by end 26/27 • Delivery of Transfusion Transformation implementation milestones • 20% increase in adherence to NICE[8] transfusion standards[9] (2026/27) • 20% increase in transfusion education and training by 2026/27	• 25% ordered/referred electronically by end 2027/28 • Delivery of Transfusion Transformation implementation milestones • Future targets to be established as part of a refreshed Blood Service / Blood Supply Chain Strategy	➢ Deliver the Transfusion Transformation Programme: ➢ E-requesting/e-reporting: reach 100 hospitals for Fetal RHD[10]; solution live with additional LIMS[11] suppliers; build on RCI[12]/H&I[13] pilots & begin roll out ➢ Integrated blood stocks data management: minimum of 20 hospitals live +15 in proof of concept; discovery/options/case for Stock replenishment inclusion ➢ Transfusion Practitioner Professional Development Framework launched/promoted; National Transfusion Practitioner Network to embed ➢ Education/Training: complete analysis of nursing/midwifery undergraduate survey and develop recommendations; in Scientific & Technical develop the final 3/6 modules for undergraduates / newly qualified BMS[14] staff ➢ Transfusion research network: prepare business case; secure funding for 27/28 ➢ CSO[15] to establish more formal NHSBT/MoD[16] strategic partnership

03 Monitoring performance, transparency and accounting for our progress

NHS Blood and Transplant

Level of accountability	Where activity & targets are stated	Scheduled output	Frequency	Level of review
NHSBT-wide (Executive Team [ET])	**NHSBT Strategy** Grow and diversify our donor base Modernise our operations Invest in people and culture Drive innovation Collaborate with partners **Strategy Roadmap**  **NHSBT Business Plan**  **Transformation Portfolio** **Budget** 	• Performance and Risk Report	• Monthly • Bi-monthly	• Executive Team • Board
		• ALB[1] Ministerial Reporting	• Quarterly	• DHSC[2]
		• Business Plan Review	• Bi-annual	• Executive Team • Board
		• Transformation Portfolio Status Report	• Monthly	• Executive Team
		• Financial Performance Report	• Monthly • Bi-monthly	• Executive Team • Board
Directorates (Executive Director)	**Directorate Business Plans** 	• Directorate Performance Reviews	• Annual	• CEO[3] • Executive Team

03 Department of Health and Social Care (DHSC) Quarterly Reported Metrics

NHS Blood and Transplant

	Metric	2022/2023		2023/2024		2024/2025		2025/2026	
		Actual	Target	Actual	Target	Actual	Target	Actual	Target
1	Blood Stock Stability — Ann. Avg.	5.5	5.5-8.0	6.6	5.5-8.0	6.2	5.5-8.0	7.2	5.5-8.0
	Blood Stock Stability — End of Year	5.8		5.7		5.5		7.7	
2	Critical infrastructure availability	99.96%	99.95%	99.93%	99.95%	100%	99.95%	99.89%	99.95%
3	Number of Organ transplants, living and deceased (MAT).	4,560	4,937	4,658	4,750	4,581	4,768	4,651	4,680
4	Plasma collected (source & recovered plasma) kilolitres (kl) YTD	87,191	103,859	161,095	159,625	301,197	200,000	331,046	240,000
5	Size of Ro donor base	26,213	31,081	26,333	32,220	26,678	28,304	27,813	28,941

- Under our Framework Agreement with DHSC, NHSBT reports quarterly on five key strategic performance metrics. A summary of full-year performance for 2025/26 and the preceding three years is set out above.
- Overall performance is strong, with three of the five metrics at or above target and most showing improvement over recent years.
    1. Blood stock stability remained strong, with average levels of 7.2 days and a year-end position of 7.7 days (target range 5.5-8 days), demonstrating reliable supply of life-saving blood to the NHS.
    2. Digital critical infrastructure availability reached 99.89% (target 99.95%), reflecting continued resilience of core systems and sustained investment in infrastructure and cyber security.
    3. Organ transplants fell below target at 4,651 (target 4,680), due to declining consent rates. However, improved organ utilisation in 25/26 has enabled 70 more organ transplants than in 24/25 (4,581).
    4. Plasma collection significantly exceeded target, with 331,046 litres collected (target 200,000), strengthening supply for essential medicines.
    5. Ro blood donor base remains below target at 27,813 (target 28,941). This gap, particularly among donors of Black heritage, continues to limit our ability to meet growing demand for patients with sickle cell disease.
- These metrics will remain a core focus for delivery in 2026/27.

04 Financial Plan 2026/27
Income and Expenditure budget outcome

NHS Blood and Transplant

Income (£m)	2025/26 Budget	2026/27 Budget	Movement:
DHSC Programme Funding: Organ Donation and Transplantation	111.2	120.5	9.3
Clinical Services Operations: DHSC funding	5.6	4.2	(1.4)
DHSC Programme Funding: Plasma for Medicines	0.1	0.0	(0.1)
DHSC Programme Funding: Corporate	32.2	26.1	(6.1)
DHSC Programme Funding: Tissue and Eye Services	0.7	0.5	(0.2)
NHS England Income: Eye Services	8.5	9.4	0.9
NHS England Income: Plasma for Medicine	24.2	25.7	1.6
Blood and Components Income	359.6	372.4	12.8
Blood Supply Other Income	6.8	7.0	0.2
Plasma for Medicines Income	0.5	0.7	0.2
Clinical Services Operations Income	98.3	104.1	5.8
Medical and Scientific Income	5.1	6.4	1.3
Stats and R&D Income	2.4	1.5	(0.9)
Tissue and Eye Services Income	17.0	20.1	3.1
Organ Donation and Transplantation: Devolved Administrations and Other Income	15.8	17.9	2.1
Organ Donation and Transplantation: NHS England Income	0.2	0.0	(0.2)
Group Services Other Income	1.3	3.3	2.0
Total Income	689.6	720.0	30.3
Operating Costs			
Blood Supply (Including Donor Experience)	(237.5)	(246.7)	(9.2)
Organ Donation and Transplantation	(94.3)	(96.9)	(2.6)
Clinical Services	(87.0)	(90.7)	(3.8)
Tissue and Eye Services	(18.9)	(22.4)	(3.4)
Plasma for Medicines	(14.4)	(15.5)	(1.1)
Corporate Services (Including Estates, HR, Finance, Digital Data and Technology Svcs)	(162.0)	(167.1)	(5.2)
Other Group Services (Including Medical and R&D)	(56.3)	(55.8)	0.5
Total Operating Costs	(670.4)	(695.2)	(24.8)
Investment Portfolio's			
Blood and Group	(19.0)	(16.5)	2.5
Organ Donation and Transplantation	(5.3)	(12.6)	(7.3)
Plasma for Medicines	(4.8)	(7.4)	(2.6)
Clinical Services	(3.0)	(2.5)	0.5
Total Divisional Investment Portfolio's	(32.1)	(39.0)	(6.9)
NHSBT Net Income & Expenditure Position	(12.8)	(14.2)	(1.4)

Summary

The income and expenditure budget outcome for NHSBT has been reviewed in detail by Executive Directors and reflects the resources required to support business plans.

This budget is dependent on a balanced financial plan which incorporates the achievement of Cost Improvements plans across Directorates.

Funding for Blood and Specialist Services (pricing) is subject to final confirmation from the NCG Commissioning process.

Operating Costs

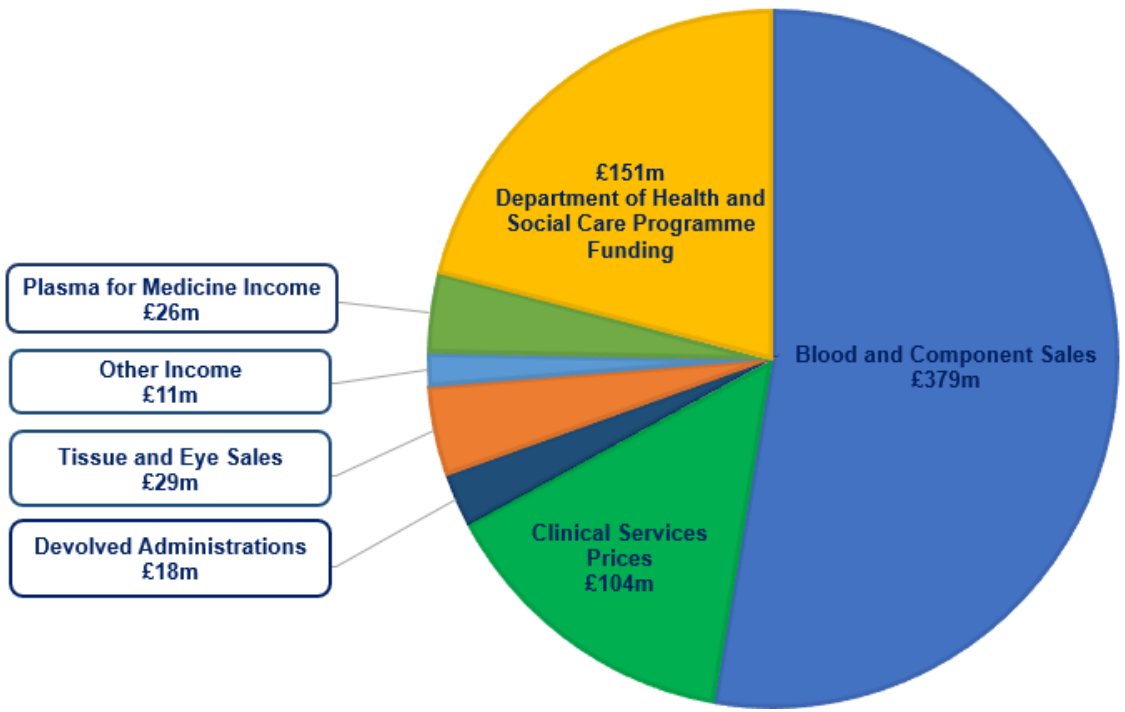
The Budget reflects inflationary pressures of c£22m.

It also includes £13m of funding for growth, investment and developments including Assessment and Recovery Centres in Organ Donation & Transplantation.

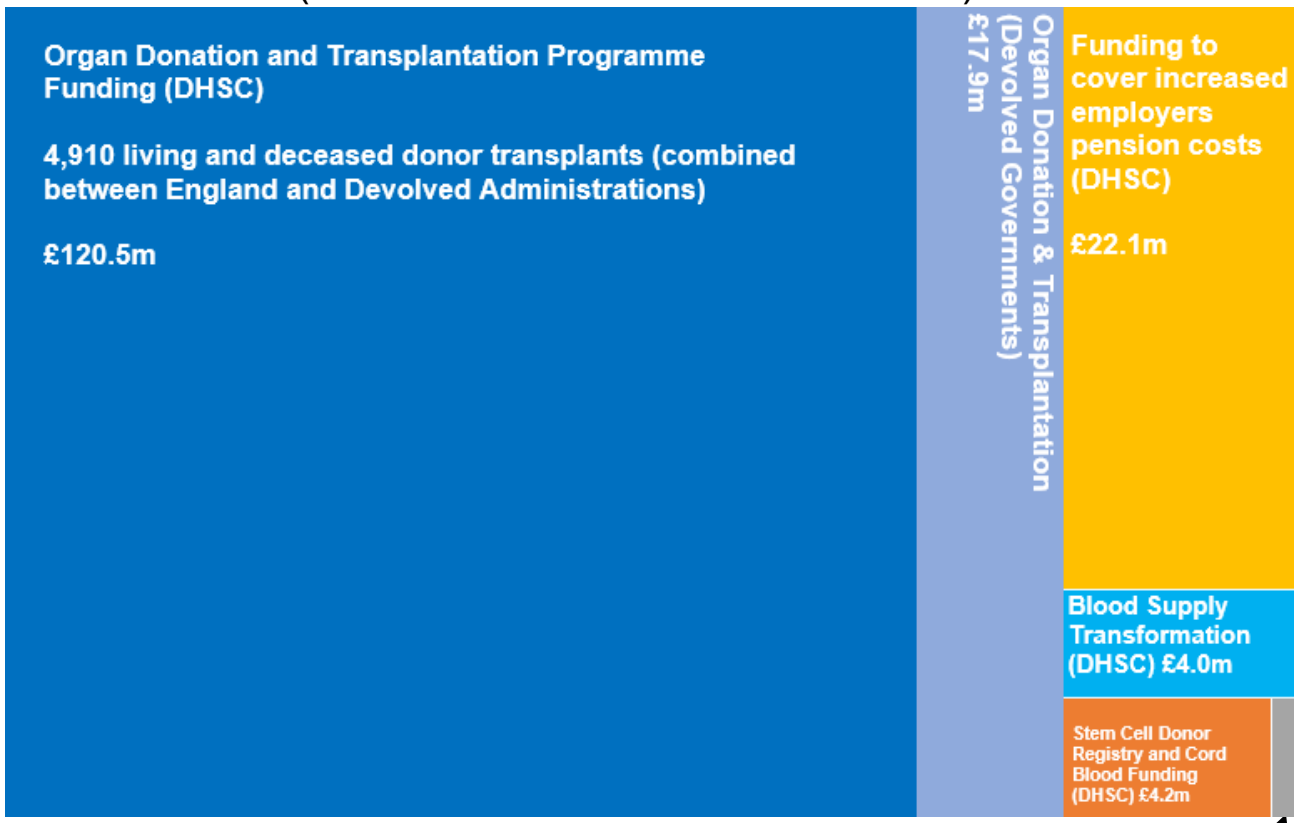
04 NHSBT 2026/27 forecast income by major source alongside a high-level breakdown of programme funding received

NHS Blood and Transplant

Major sources of income



Breakdown of Programme Funding
(DHSC & Devolved Administrations)



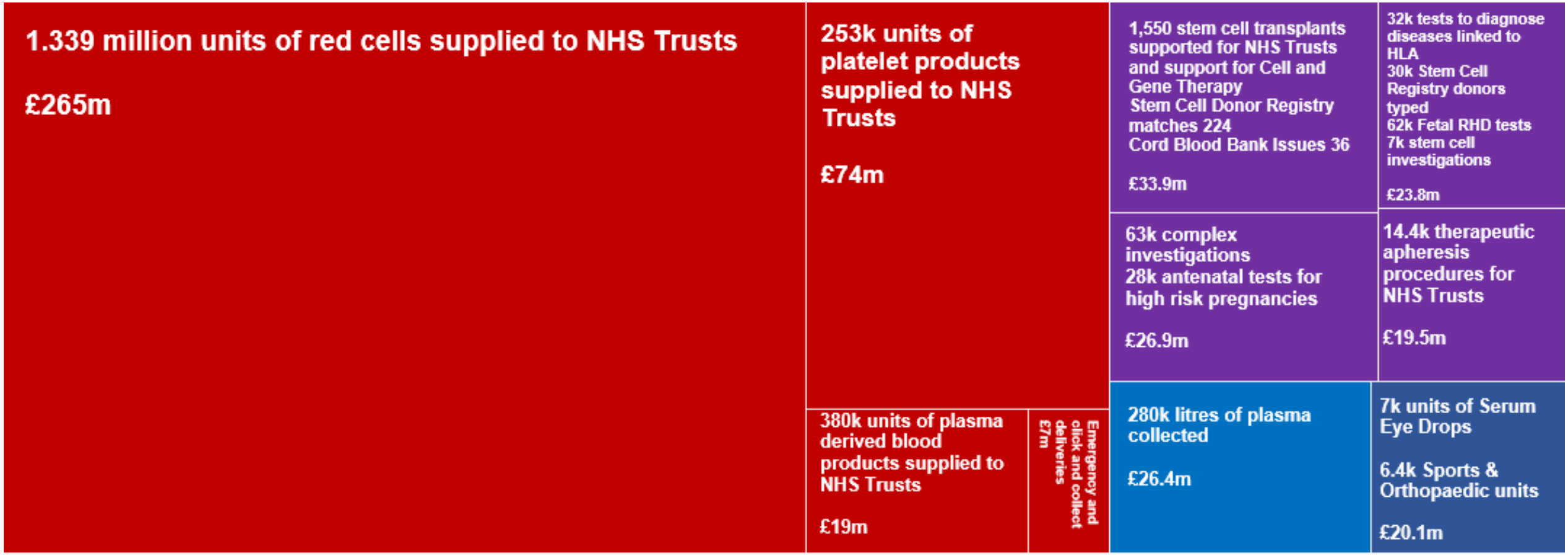
£0.5m Skin stocks (DHSC)

'Other' income is made up from third party occupation of our estate and research grants.

'Blood and Component Sales' includes £7m Transport charges for emergency and click and collect deliveries.

04 NHSBT 2026/27 forecast volumes of products and services for the Health & Care System[1]

NHS Blood and Transplant

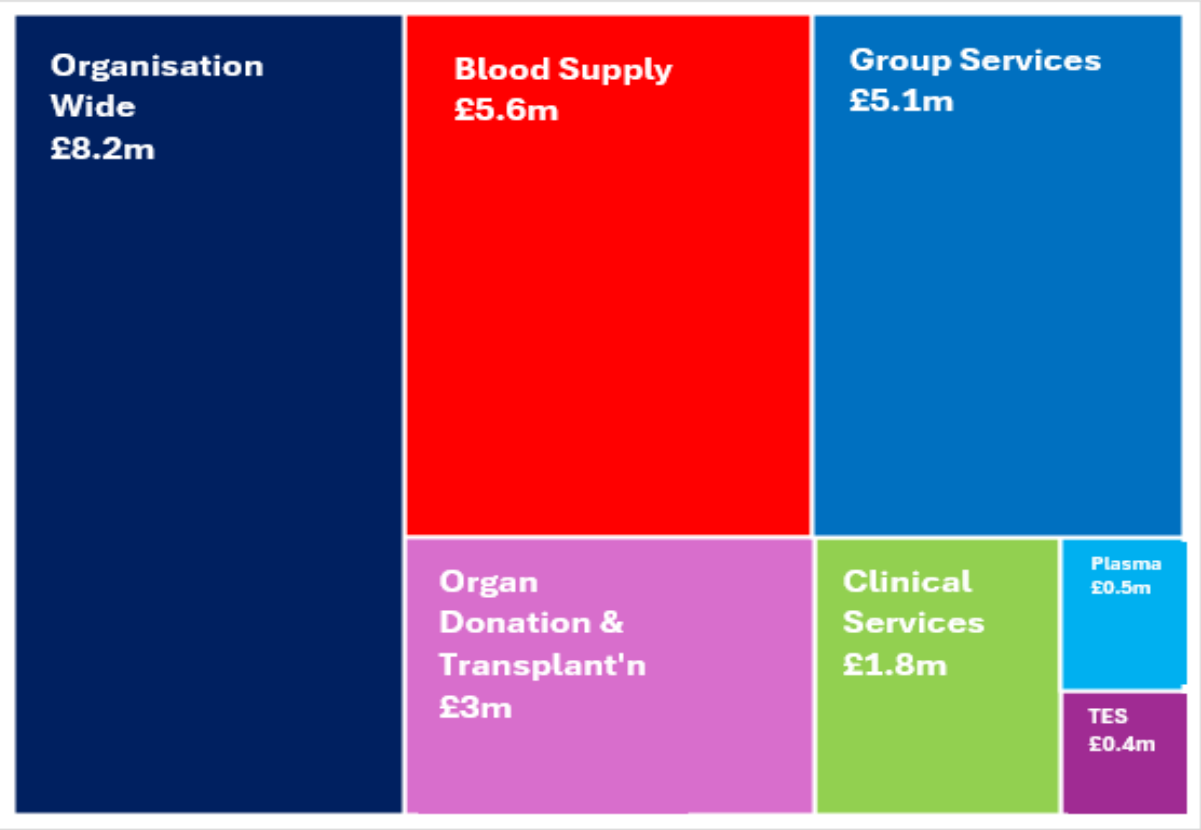


04 2026/27 Cost Improvement & Efficiency Plan

NHSBT is committed to delivering a minimum 2% cash-releasing savings for each of the next five years.

NHS Blood and Transplant

Our target for 2026/27 is c.£25m: all parts of the organisation have been allocated a target to achieve.



We have developed plans to deliver these savings targets. Notable areas of savings include:

- **Reviewing our contractual arrangements to deliver value for money** e.g.
  - Microbiology Serology
  - Logistics & Waste Disposal
- **Growing our business and delivering contribution improvements** within:
  - Clinical Services
  - Tissue & Eye Services
  - Plasma for Diagnostics
- **Optimising how we operate**:
  - Logistics
  - Energy projects
- Improving our efficiency through **reviewing our budgets to eliminate waste**.
- Investing in organisation transformation to support programmes and projects that will release savings in future years, such as Donor & Session Platform (DASP) and Sustainability and Certainty in Organ Retrieval (SCORE)

05 Strategic Risk Management: Introduction

NHS Blood and Transplant

NHSBT takes a proactive and systematic approach to risk management to ensure the safe, high-quality and cost-effective delivery of services. This includes identifying and managing risks that could impact patients, donors, staff, service quality, compliance or organisational sustainability.

Risk management focuses on the uncertainties most likely to affect delivery of organisational objectives. Risks are managed through a structured governance framework with clear ownership, escalation and mitigation, aligned to HM Treasury's Orange Book.

This approach is embedded across all activity, informing strategy, planning, prioritisation, delivery and performance management, and is supported by a strong risk-aware culture and regular Board oversight.

NHSBT operates a three-tier risk model:

1. Principal risks, overseen through the Board Assurance Framework (BAF)
2. Contributory risks, requiring organisational visibility and coordination
3. Operational risks, managed within business areas

Business Plan metrics and the Transformation Portfolio are aligned to principal risks, ensuring that priorities and investment are focused on managing the most significant risks.

The following table sets out the top three highest scoring principal risks and the key actions in the 2026/27 Business Plan to mitigate them.

05 Strategic Risk Management

NHS Blood and Transplant

Principal Risk	Risk Description	Current Score	Key Mitigation Activities 2026/27
Service Disruption	There is a risk that NHSBT is unable to deliver safe and sufficient key products and services, caused by an inability to prepare, adequately respond to, or recover from a disruptive event or breakdown in the supply chain, resulting in a requirement for emergency management, an adverse impact to patient care, unforeseen financial pressure and a loss of public and stakeholder confidence	**4x4** Major/Likely	• Continue to strengthen laboratory and diagnostic system resilience to ensure continuity of critical testing and reduce risk of service interruption. • Continuous improvement of cyber security and response capability to protect systems and maintain operational availability. • Further enhance supply chain planning and stock management to ensure consistent availability of essential products. • Invest in infrastructure, estate planning, and future-proofing of blood and transplant services to increase long-term resilience. • Improve donor, organ matching and contact centre capabilities to maintain continuity of patient-critical services and supply. • Expand plasma and blood product strategies to reduce reliance on external supply and ensure sustainability.
Service Disruption - Loss of Critical IT	There is a risk of full or partial loss of functionality in NHSBT's critical IT systems. Caused by: individual or multiple impacts including behaviours of staff, gaps in capabilities in the protection of services, technologies which are beyond end of life or exposed through error or omission and weaknesses in systems provided via the supply chain. Resulting in: interruption to the delivery of NHSBTs objectives, services and products, affecting wider NHS delivery and subsequent patient harm.	**5x4** Catastrophic/ Likely	• Further strengthen resilience and recovery of critical IT systems to minimise downtime and ensure rapid restoration of services. • Systematically modernise legacy technology and infrastructure (including cloud migration and network upgrades) to reduce failure risk and improve reliability. • Continue to enhance cyber security controls and monitoring to prevent, detect, and respond to threats. • Continue to improve data integration and system interoperability to support safe and continuous service delivery. • Build organisational capability and support models to maintain and protect critical digital services. • Stabilise and protect high-risk systems while transitioning to more secure and sustainable platforms.
Finance	There is a risk of material constraints to the delivery of NHSBT's critical products/services, caused by a failure to maintain financial sustainability, resulting in patients' health and wellbeing being put at risk and a loss of public and stakeholder confidence	4x5 Major/Almost Certain	• Strengthen financial planning, forecasting, and cost control to maintain organisational sustainability. • Improve efficiency and value for money across core services through resource allocation and prioritisation. • Implement systems and processes to enhance financial management, reporting, and decision-making. • Protect delivery of critical services by aligning investment with strategic priorities, including donor services and product supply. • Improve operational productivity and quality monitoring to reduce waste and support sustainable delivery. • Support long-term financial resilience through strategic programmes (including plasma growth and service optimisation).

06 Notes to the 2026/27 Business Plan

NHS Blood and Transplant

Slide 5 Introduction: NHSBT Strategy

1. Enabling strategies listed include published strategies and strategies that are in development.

Slide 6 Grow & Diversify Our Donor Base to Meet Clinical Demand and Reduce Health Inequalities

1. The 4–5-year target time horizon is 2030/31. Some targets may be for shorter time horizons as indicated.
2. Supply-demand gap targets are based on volume (supply) as the most meaningful measure of performance against the overall supply-demand gap metric.
3. Ro Supply demand gap – 2026/27 target based on meeting 53% of Ro demand; 2028/29 target based on meeting 100% of Ro demand.
4. Plasma collection comprises source and recovered plasma. 2030/31 target based on growth trajectory of 2 additional source plasma donor centres per year from 2027/28
5. Minority ethnic donors/recipients are defined as minority ethnic groups excluding White minorities Ethnicity - Office for National Statistics (ons.gov.uk) & Writing about ethnicity - GOV.UK (ethnicity-facts-figures.service.gov.uk)
6. Minority Ethnic representation among organ transplant recipients 4–5-year target is to match the ethnic profile of transplant waiting list, currently (2025/26) 33%
7. STRIDES – Strategies to Improve Donor Experiences
8. OFH – Our Future Health
9. Cancellation at short notice is defined as cancellation within two days of booked appointment.
10. Net Promotor Score is calculated from a survey of donors who successfully donate blood, plasma or platelets.
11. NBTA – National Black, Asian, Mixed Race & Minority Ethnic Transplant Alliance
12. Blood product donor base target is a combined range for Whole Blood, Source Plasma for Medicine and Platelets. The ability to switch donors between these groups as required provides additional resilience of supply.
13. Target reflects total Ro donor base i.e. black heritage and non-black heritage donors. This target is set to reduce, not fully close the existing supply demand gap.
14. Plasma donor base - donors that have donated plasma at least once in the previous 12 months
15. ODR – Organ Donor Register
16. Fit panel donors are defined as: Caucasian male donors under 40 years of age; donors from black and minority ethnic heritage under 40 years of age; and Caucasian female donors under 30 years of age, who have been Human Leukocyte Antigen (HLA) typed at an allelic level.
17. Stem cell donor targets are contingent on marketing funding and may be adjusted to reflect this. Totals include an estimated attrition rate for donors reaching their respective age threshold (see 16 above).
18. CAGT – Cellular & Gene Therapy
19. Implementation of a new marketing, recruitment and retention approach to securing Stem Cell Donor Registry (SCDR) donors includes, ensuring that SCDR donor recruitment is established as part of unified recruitment campaigns; use of on-session event assistants, buccal swabs and extended recruitment criteria to include potential female and minority ethnic donors

06 Notes to the 2026/27 Business Plan

NHS Blood and Transplant

Slide 7 Modernise Our Operations to Improve Safety, Resilience and Efficiency

1. The 4–5-year target time horizon is 2030/31. Some targets may be for shorter time horizons as indicated
2. Whilst we aspire to zero external regulatory non-compliance and overdue internal majors, our primary aim is to proactively support best practice which reduces the likelihood of harm to donors and patients.
3. Blood OTIF – Order delivered to customer On Time and In Full, inclusive of orders for Ro blood products
4. OCI – Oracle Cloud Infrastructure
5. DSPT – Data Security & Protection Toolkit
6. CAF – Cyber Assessment Framework
7. SCORE – Sustainability & Certainty in Organ Retrieval
8. NORS – National Organ Retrieval Service
9. EBA – European Blood Alliance
10. OBC – Outline Business Case
11. LIMS – Laboratory Information Management System
12. MSL- Microbiology Services Laboratory
13. GCF – Government Commercial Function
14. Scope 1 emissions cover greenhouse gas emissions that an organisation makes directly; Scope 2 emissions are the emissions it makes indirectly e.g. energy bought for heating and cooling, being produced on its behalf.

Slide 8 Invest in Our People & Culture to Ensure A High Performing, Inclusive Culture

1. The 4–5-year target time horizon is 2030/31. Some targets may be for shorter time horizons where indicated.
2. Based on cohort of circa 200 managers, undertaking formal leadership and management training (reported quarterly).
3. EDI – Equality, Diversity & Inclusion
4. LGBT – Lesbian, Gay, Bisexual & Transgender
5. Minority ethnic colleagues are defined as from minority ethnic groups (excluding White minorities) Ethnicity - Office for National Statistics (ons.gov.uk) & Writing about ethnicity - GOV.UK (ethnicity-facts-figures.service.gov.uk)
6. Minority ethnic representation in UK population estimated 16% (2024/25) https://commonslibrary.parliament.uk/research-briefings

Notes to the 2026/27 Business Plan

Slide 9 Drive Innovation to Improve Patient Outcomes

1. The 4–5-year target time horizon is 2030/31. Some targets may be for shorter time horizons as indicated.
2. NDP – National Data Platform
3. HLA – Human Leukocyte Antigen
4. Haem Match R&D – research and development project
5. ARCS – Assessment & Recovery Centres
6. ANRP – Abdominal Normothermic Regional Perfusion
7. NORS – National Organ Retrieval Services
8. DCD – Organ donation after circulatory death
9. TES – Tissue & Eye Services
10. MHRA – Medicines & Healthcare Products Regulatory Authority
11. nDEHP – non DEHP (DEHP is a softener for polyvinyl chloride (PVC), a plastic polymer)
12. PAS – Platelet additive solution
13. BARDA – Biomedical Advanced Research & Development Authority
14. MoD – Ministry of Defence
15. BEL – Blood Establishment License
16. CE – Conformity with European health, safety and environmental protection standards
17. MRC – Medical Research Council
18. BTRU – Blood & Transplant Research Unit
19. IP – Intellectual Property
20. DHSC – Department of Health & Social Care
21. NHSE – NHS England

06 Notes to the 2026/27 Business Plan

NHS Blood and Transplant

Slide 10 Collaborate With Partners to Develop and Scale New Services for the NHS

1. The 4–5-year target time horizon is 2030/31. Some targets may be for shorter time horizons as indicated.
2. CBC – Clinical Biotechnology Centre
3. ATU – Advanced Therapies Unit
4. TAS – Therapeutic Apheresis Services
5. CAGT – Cellular & Gene Therapies
6. TES – Tissue & Eye Services; future target based on 2026/27 as baseline plus % growth assumptions
7. NHSE – NHS England
8. NICE – National Institute for Health & Care Excellence
9. NICE Transfusion Standard Adherence – the baseline for this measure is the outcome of the 2021 audit against the NICE Standards for Transfusion:
    - Patients who were known to have iron deficiency anaemia prior to being admitted for surgery were treated with iron before surgery – 2021 58.8% = 2027 target 70.6%
    - Patients undergoing surgery with expected moderate blood loss received tranexamic acid – 67.5% = 2027 target 81.0%
    - Patients receiving elective red blood cell transfusions had both their Hb checked and a clinical re-assessment after a unit of red cells was transfused – 58.2% = 2027 target 69.8%
    - Transfused patients had evidence of receiving both written and verbal information about the risks, benefits and alternatives to transfusion – 26% = 2027 target 31.2%

10. Fetal RHD – cell free fetal DNA screening for determination of fetal D blood group in D negative pregnant women
11. LIMS – Laboratory Information Management System
12. RCI – Red Cell Immunohaematology
13. H&I – Histocompatibility & Immunogenetics
14. BMS – Biomedical Scientist
15. CSO – Chief Scientific Officer
16. MoD – Ministry of Defence

Slide 11: Monitoring performance, transparency and accounting for our progress

1. ALB – Arms Length Body
2. DHSC – Department of Health & Social Care
3. CEO – Chief Executive Officer

Slide 15: 2026/27 Forecast Volumes and Revenue.

1. Forecast 2026/27 volumes of products and services against expected revenue